



# APPLICATION TO DISCHARGE INDUSTRIAL WASTEWATER TO A PUBLICLY-OWNED TREATMENT WORKS (POTW)

This application is for a wastewater discharge permit for a discharge of industrial wastewater to a publicly-owned treatment works (POTW) as required by Chapter 90.48 RCW and Chapter 173-216 WAC. It is designed to provide the Department of Ecology with information on pollutants in the waste stream, materials that may enter the waste stream, and the flow characteristics of the discharge.

Information previously submitted to Ecology that applies to this application should be referenced in the appropriate section. Ecology may request additional information to clarify the conditions of this discharge.

## SECTION A. GENERAL INFORMATION

1. Applicant Name: \_\_\_\_\_

2. Facility Name: \_\_\_\_\_  
(if different from Applicant)

3. Applicant Mail Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/State Zip

4. Facility Location Address: \_\_\_\_\_  
(if different from 3 above) Street  
\_\_\_\_\_  
City/State Zip

5. Latitude/longitude of the facility: 6. UBI Number \_\_\_\_\_  
\_\_\_\_° \_\_\_\_' \_\_\_\_" N \_\_\_\_° \_\_\_\_' \_\_\_\_" W

7. Latitude/longitude of the point of discharge to the municipal collection system, if greater than 100 feet from facility location \_\_\_\_° \_\_\_\_' \_\_\_\_" N \_\_\_\_° \_\_\_\_' \_\_\_\_" W

8. Contact person:

Name Title  
Telephone Number Fax Number E-Mail

<b>FOR OFFICE USE ONLY</b>		<b>Check One:</b>	
		New/Renewal <input type="checkbox"/>	Modification <input type="checkbox"/>
Date Application Received _____	Date Fee Paid _____	Application/ Permit No. _____	Date Application Accepted _____

9. Check One:

☐ **Permit Renewal** (including renewal of temporary permits)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility? ☐ YES ☐ NO

For permit renewals, the current permit is an attachment, by reference, to this application.

☐ **Permit Modification**

☐ **Existing Unpermitted Discharge**

☐ **Proposed Discharge**

Anticipated date of discharge: \_\_\_\_\_

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.*

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\*Applications must be signed as follows: corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor. If these titles do not apply within your organization, the application is to be signed by the person who makes budget decisions for this facility.

*The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status or sexual orientation.*

*If you need this document in an alternate format, please contact the Water Quality Program at (360) 407-6400. If you are a person with a speech or hearing impairment, call 711, or 800-833-6388 for TTY.*

## SECTION B. PRODUCT INFORMATION

1. Briefly describe all manufacturing processes and products, and/or commercial activities, at this facility. Provide the applicable Standard Industrial Classification (SIC) Code(s) for each activity (see *Standard Industrial Classification Manual*, 1987 ed.).

**Description:**

[illegible]

2. List raw materials and products used at his facility:

[illegible]

<b>SECTION C. PLANT OPERATIONAL CHARACTERISTICS</b>
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1. For each process listed in B.1. that generates wastewater, list the process, assign the waste stream a name and an ID # and describe whether it is a batch or continuous flow.

Process	Waste Stream Name	Waste Stream ID#	Batch (B) or Continuous (C) Process

2. On a separate sheet, produce a schematic drawing showing production processes, water flow through the facility, wastewater treatment devices and waste streams as named above. The drawing should indicate the source of intake water and show the operations contributing wastewater to the effluent. The treatment units should be labeled. Construct a water balance by showing average flows between intakes, operations, treatment units, and points of discharge to the POTW. *(See the example on page 16 of this application form.)*

3. What is the maximum daily discharge flow \_\_\_\_\_ gallons/day

What is the maximum average monthly discharge flow (daily flows averaged over a month)? \_\_\_\_\_ gallons/day

4. Describe any planned wastewater treatment improvements or changes in wastewater disposal methods, and the schedule for these improvements. *(Use additional sheets, if necessary and label as attachment C4.)*

5. If production processes are subject to seasonal variations, provide the following information. List discharge for each waste stream in gallons per day (GPD). The combined value for each month should equal the estimated total monthly flow.

Waste Stream ID#	MONTHS											
	J	F	M	A	M	J	J	A	S	O	N	D
<b>Estimated Total Monthly Flow (GPD)</b>												

6. How many hours a day does this facility typically operate? \_\_\_\_\_  
 How many days a week does this facility typically operate? \_\_\_\_\_  
 How many weeks per year does this facility typically operate? \_\_\_\_\_

7. List all incidental materials, such as oil, paint, grease, solvents, and cleaners, that are used or stored on site (*list only those with quantities greater than 10 gallons for liquids and 50 pounds for solids*). For solvents and solvent-based cleaners, include a copy of the material safety data sheet and estimate the quantity used. (*Use additional sheets, if necessary, and label as attachment C.7.*)

Materials/Quantity Stored:

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8. Some types of facilities are required to have spill or waste control plans. Does this facility have:
- a. A Spill Prevention, Control, and Countermeasure Plan (40 CFR 112)? ☐ YES ☐ NO
  - b. An Emergency Response Plan (per WAC 173-303-350)? ☐ YES ☐ NO
  - c. A runoff, spillage, or leak control plan (per WAC 173-216-110(f))? ☐ YES ☐ NO
  - d. Any spill or pollution prevention plan required by local, state or federal authorities? If yes, specify: \_\_\_\_\_ ☐ YES ☐ NO
  - e. A Solid Waste Management Plan? ☐ YES ☐ NO
  - f. A Slug Discharge Control Plan (40 CFR 403.8(f)(2)(v))? ☐ YES ☐ NO

## SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Water source(s):
- ☐ Public System (Specify) \_\_\_\_\_
- ☐ Private Well ☐ Surface Water
- a. Water Right Permit Number: \_\_\_\_\_
- b. Legal Description of Water Source:
- \_\_\_\_\_ 1/4S, \_\_\_\_\_ 1/4E, \_\_\_\_\_, Section, \_\_\_\_\_ TWN, \_\_\_\_\_ R
2. Water use
- a. Indicate total water use: Gallons per day (average) \_\_\_\_\_
- Gallons per day (maximum) \_\_\_\_\_
- b. Is water metered? ☐ YES ☐ NO

## SECTION E. WASTEWATER INFORMATION

1. How are the water intake and effluent flows measured?

Intake: \_\_\_\_\_

Effluent: \_\_\_\_\_

2. Provide measurements or range of measurements for treated wastewater prior to discharge to the POTW for the parameters with an “X” in the left column. Use the analytical methods given in the table unless an alternate method is approved by Ecology. All analyses (except pH) must be conducted by a laboratory registered or accredited by the Department of Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for parameters that are routinely measured. For parameters measured only for this application, place the values under “Maximum.”

X	Parameter	Concentrations Measured			Analytical Method Std. Methods 19th edition	Detection Limit
		Minimum	Maximum	Average		
	BOD (5 day)				5210	2 mg/l
	COD				5220 B, C, or D	5 mg/l
	Total Suspended Solids				2540D	1 mg/l
	Total Dissolved Solids				2540 C	
	Conductivity				2510 B	
	Ammonia-N				4500-NH <sub>3</sub> C	20 µg/l
	pH				4500-H	0.1 units
	Total Residual Chlorine				4500-Cl E	1 mg/l
	Fecal Coliform				9222 D	
	Total Coliform				9221 B or 9222 B	
	Dissolved Oxygen				4500-O C or 4500-O G	
	Nitrate + Nitrite-N				4500-NO <sub>3</sub> E	0.5 mg/l
	Total Kjeldahl N				4500-N <sub>org</sub>	20 µg/l
	Ortho-phosphate-P				4500-P E or 4500-P F	1 µg/l

X	Parameter	Concentrations Measured			Analytical Method Std. Methods 19th edition	Detection Limit
		Minimum	Maximum	Average		
	Total-phosphate-P				4500-P B.4.	1 µg/l
	Total Oil & Grease				5520 C	0.2 mg/l
	Total Petroleum Hydrocarbon				5520 D, F	
	Calcium				3500-Ca B	3 µg/l
	Chloride				4500-Cl C	0.15 µg/l
	Fluoride				4500-F D	0.1 mg/l
	Magnesium				3500-Mg B	0.5 µg/l
	Potassium				3500-K B	5 µg/l
	Sodium				3500-Na B	2 µg/l
	Sulfate				4500-SO <sub>4</sub> E	1 mg/l
	Arsenic (total)				3114 B	2 µg/l
	Barium (total)				3500-Ba B	30 µg/l
	Cadmium (total)				3500-Cd B	5 µg/l
	Chromium (total)				3500-Cr B	50 µg/l
	Copper (total)				3500-Cu B	20 µg/l
	Lead (total)				3500-Pb B	100 µg/l
	Mercury				3500-Hg B	0.2 µg/l
	Molybdenum (total)				3500-Mo	1 µg/l
	Nickel (total)				3500-Ni	20 µg/l
	Selenium (total)				3500-Se C	2 µg/l
	Silver (total)				3500-Ag B	10 µg/l
	Zinc (total)				3500-Zn B	5 µg/l



3. Describe the collection method for the samples analyzed above (*i.e.*, grab, 24-hour composite).
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4. Has the effluent been analyzed for any other parameters than those identified in question E.2.?  
☐ YES ☐ NO  
 If yes, attach results and label as attachment E.4. This data must clearly show the date, method and location of sampling. (*Note: Ecology may require additional testing.*)
5. Does this facility use any of the following chemicals as raw materials or produce them as part of the manufacturing process, or are they present in the wastewater? (*The number following the chemical name is the Chemical Abstract Service (CAS) reference number to aid in identifying the compound.*) ☐ YES ☐ NO
- If yes, specify how the chemical is used and the quantity used or produced:
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#### **VOLATILE COMPOUNDS**

Acrolein (107-02-8)	1,1-Dichloroethylene (75-35-4)
Acrylonitrile (107-13-1)	1,2-Dichloropropane (78-87-5)
Benzene (71-43-2)	1,3-Dichloropropene (542-75-6)
Bis ( <i>chloromethyl</i> ) Ether (542-88-1)	Ethylbenzene (100-41-4)
Bromoform (75-25-2)	Methyl Bromide (74-83-9)
Carbon Tetrachloride (108-90-7)	Methyl Chloride (74-87-3)
Chlorobenzene (108-90-7)	Methylene Chloride (75-09-2)
Chlorodibromomethane (124-48-1)	1,1,2,2-Tetrachloroethane (79-34-5)
Chloroethane (75-00-3)	Tetrachloroethylene (127-18-4)
2-Chloroethylvinyl Ether (110-75-8)	Toluene (108-88-3)
Chloroform (67-66-3)	1,2-Trans-Dichloroethylene (156-60-5)
Dichlorobromomethane (75-27-4)	2. 1,1,1-Trichloroethane (71-55-6)
Dichlorodifluoromethane (75-71-8)	2. 1,1,2-Trichloroethane (79-00-5)
1,1-Dichloroethane (75-34-3)	2. Trichloroethylene (79-01-6)
1,2-Dichloroethane (107-06-2)	Trichlorofluoromethane (75-69-4)
Vinyl Chloride (75-01-4)	

#### **ACID COMPOUNDS**

2-Chlorophenol 95-57-8	4-Nitrophenol 100-02-7
2,4-Dichlorophenol 120-83-2	p-Chloro-M-cresol 59-50-7
2,4-Dimethylphenol 105-67-9	Pentachlorophenol 87-86-5
4,6-Dinitro-o-cresol 534-52-1	Phenol 108-95-2
2,4-Dinitrophenol 51-28-5	2,4,6-Trichlorophenol 88-06-2
2-Nitrophenol 88-75-5	

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### METALS

Antimony 7440-36-0	Mercury 7439-97-6
Arsenic 7440-38-2	Nickel 7440-02-0
Beryllium 7440-41-7	Selenium 7782-49-2
Cadmium 7440-43-9	Silver 7440-22-4
Chromium 7440-47-3	Thallium 7440-28-0
Copper 7440-50-8	Zinc 7440-66-6
Lead 7439-92-1	Cyanide 57-12-5

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### PESTICIDES

Aldrin 309-00-2	Endosulfan I 115-29-7
alpha-BHC 319-84-6	Endosulfan II 115-29-7
beta-BHC 319-85-7	Endosulfan Sulfate 1031-07-8
gamma-BHC 58-89-9	Endrin 72-20-8
delta-BHC 319-86-8	Endrin Aldehyde 7421-93-4
Chlordane 57-74-9	Heptachlor 76-44-8
4,4'-DDD 72-54-8	Heptachlor Epoxide 1024-57-3
4,4'-DDE 72-55-9	PCB (7 Aroclors)
4,4'-DDT 50-29-3	Toxaphene 8001-35-2
Dieldrin 60-57-1	

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### BASE/NEUTRAL COMPOUNDS

Acenaphthene 83-32-9	Diethyl Phthalate 84-66-2
Acenaphthylene 208-96-8	Dimethyl Phthalate 131-11-3
Anthracene 120-12-7	Di-n-butyl Phthalate 84-74-2
Benzidine 92-87-5	2,4-Dinitrotoluene 121-14-2
Benzo(a)anthracene 56-55-3	2,6-Dinitrotoluene 606-20-2
Benzo(a)pyrene 50-32-8	Di-n-octyl Phthalate 117-84-0
3,4-Benzofluoranthene 205-99-2	1,2-Diphenylhydrazine 122-66-7
Benzo(ghi)Perylene 191-24-2	Fluoranthene 206-44-0
Benzo(k)fluoranthene 207-08-9	Fluorene 86-73-7
Bis(2-chloroethoxy) Methane 111-91-1	Hexachlorobenzene 118-74-1
Bis(2-chloroethyl) Ether 111-44-4	Hexachlorobutadiene 87-68-3
Bis(2-chloroisopropyl) Ether 102-60-1	Hexachlorocyclopentadiene 77-47-4
Bis(2-ethylhexyl) Phthalate 117-81-7	Hexachloroethane 67-72-1
4-Bromophenyl Phenyl Ether 101-55-3	Indeno(1,2,3-cd)pyrene 193-39-5
Butyl Benzyl Phthalate 85-68-7	Isophorone 78-59-1
2-Chloronaphthalene 91-58-7	Naphthalene 91-20-3
4-Chlorophenyl Phenyl Ether 7005-72-3	Nitrobenzene 98-95-3
Chrysene 218-01-9	N-nitrosodimethylamine 62-75-9
Dibenzo(a,h)anthracene 53-70-3	N-nitrosodi-n-propylamine 621-64-7
1,2-Dichlorobenzene 95-50-1	N-nitrosodiphenylamine 86-30-6
1,3-Dichlorobenzene 541-73-1	Phenanthrene 85-01-8
1,4-Dichlorobenzene 106-46-7	Pyrene 129-00-0
3,3'-Dichlorobenzidine 91-94-1	1,2,4-Trichlorobenzene 120-82-1

6. Are any other pesticides, herbicides or fungicides used at this facility? ☐ YES ☐ NO

If yes, specify the material and quantity used:

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7. Are there other pollutants that you know of or believe to be present? ☐ YES ☐ NO

If yes, specify the pollutants and their concentration if known  
(attach laboratory analyses if available):

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8. Is the wastewater being discharged, or proposed for discharge, to the POTW designated as a dangerous waste according to the procedures in Chapter 173-303 WAC ?

☐ YES ☐ NO ☐ DON'T KNOW

9. If the answer to question 8 above is yes, how did the waste designate as a dangerous waste (*check appropriate box*)?

For Listed and TCLP Characteristic Wastes only, also provide the Dangerous Waste Number(s).

**Listed Waste** ☐ Dangerous Waste Number(s) \_\_\_\_\_

**Characteristic Wastes**

Ignitable ☐

Reactive ☐

Corrosive ☐

TCLP ☐

Dangerous Waste Number(s) \_\_\_\_\_

**State Only Dangerous Wastes**

Toxicity ☐

Persistent ☐

For questions about waste designation under the *Dangerous Waste Regulations*, Chapter 173-303 WAC, contact Ecology's Hazardous Waste and Toxics Program at:

Northwest Regional Office - Bellevue	(425) 649-7000
Southwest Regional Office - Lacey	(360) 407-6300
Central Regional Office - Yakima	(509) 575-2490
Eastern Regional Office - Spokane	(509) 329-3400

<b>SECTION F. SEWER INFORMATION</b>
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1. Is an inspection and sampling manhole or similar structure available on-site? ☐ YES ☐ NO

If yes, attach a map or hand drawing of the facility that shows the location of these structures  
(this may be combined with map in H8, if H8 is applicable to your facility.)

## SECTION G. OTHER PERMITS

1. List all environmental control permits or approvals needed for this facility; for example, air emission permits.

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## SECTION H. STORMWATER

1. Do you have coverage under the Washington State Industrial Stormwater NPDES General Permit? ☐ YES ☐ NO

If yes, list the permit number here. \_\_\_\_\_

- If no, have you applied for a Washington State Stormwater Baseline General Permit? ☐ YES ☐ NO

If you answered no to both questions above, complete the following questions 2 through 5.

2. Does your facility discharge stormwater: *(Check all that apply)*

- ☐ To storm sewer system *(provide name of storm sewer system operator: \_\_\_\_\_)*
- ☐ Directly to any surface waters of Washington State *(e.g., river, lake, creek, estuary, ocean).*

Specify waterbody name(s) \_\_\_\_\_

- ☐ Indirectly to surface waters of Washington State *(i.e., flows over adjacent properties first).*
- ☐ To a Sanitary Sewer
- ☐ Directly to ground waters of Washington State via:
- ☐ Dry well
  - ☐ Drainfield
  - ☐ Other

3. Areas with industrial activities at facility: *(check all that apply)*

- ☐ Manufacturing Building
- ☐ Material Handling
- ☐ Material Storage
- ☐ Hazardous Waste Treatment, Storage, or Disposal *(Refers to RCRA, Subtitle C Facilities Only)*

- ☐ Waste Treatment, Storage, or Disposal
- ☐ Application or Disposal of Wastewaters
- ☐ Storage and Maintenance of Material Handling Equipment
- ☐ Vehicle Maintenance
- ☐ Areas Where Significant Materials Remain
- ☐ Access Roads and Rail Lines for Shipping and Receiving
- ☐ Other (please specify): \_\_\_\_\_

4. Material handling/management practices

a. Types of materials handled and/or stored outdoors: *(check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Solvents                            | <input type="checkbox"/> Hazardous Wastes                   |
| <input type="checkbox"/> Scrap Metal                         | <input type="checkbox"/> Acids or Alkalies                  |
| <input type="checkbox"/> Petroleum or Petrochemical Products | <input type="checkbox"/> Paints/Coatings                    |
| <input type="checkbox"/> Plating Products                    | <input type="checkbox"/> Woodtreating Products              |
| <input type="checkbox"/> Pesticides                          | <input type="checkbox"/> Other <i>(please list)</i> : _____ |

b. Identify existing management practices employed to reduce pollutants in industrial stormwater discharges: *(check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Oil/Water Separator         | <input type="checkbox"/> Detention Facilities               |
| <input type="checkbox"/> Containment                 | <input type="checkbox"/> Infiltration Basins                |
| <input type="checkbox"/> Spill Prevention            | <input type="checkbox"/> Operational BMPs                   |
| <input type="checkbox"/> Surface Leachate Collection | <input type="checkbox"/> Vegetation Management              |
| <input type="checkbox"/> Overhead Coverage           | <input type="checkbox"/> Other <i>(please list)</i> : _____ |

5. Attach a facility site map showing stormwater drainage/collection areas, disposal areas and discharge points. This may be a hand-drawn map if no other site map is available *(See example on page 16 of this application)*. Label this as attachment H.8.

## SECTION I. OTHER INFORMATION

1. Describe liquid wastes or sludges being generated by your facility that are not disposed of in the waste stream(s) and how they are being disposed of. For each type of waste, provide type of waste and the name, address, and phone number of the hauler.

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2. Describe storage areas for raw materials, products, and wastes.

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3. Have you designated the wastes described above according to the applicable ☐ YES ☐ NO procedures of Dangerous Waste Regulations, Chapter 173-303 WAC?

## SECTION J. CERTIFICATIONS

### 1. Approval by Publicly-Owned Treatment Works [required by WAC 173-216-070(4)(b)]

*I approve of the discharge as described in this application. The applicant is:*

(Please check the appropriate box below.)

☐ A Significant Industrial User (see Definitions at the end of this Section)

☐ A Categorical Industrial User

☐ Neither of the above

Name and location of sewer system to which this project will be tributary:

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Treatment Works Owner:

Street:

City/State:

Zip:

Signature of Treatment Works Authority

Date

Title

Printed Name

### 2. Application review by Intermediate Sewer Owner at point of discharge (if applicable)

*I hereby acknowledge that I have reviewed the application for discharge to this sewer system.*

Name and location of sewer system to which this project will be tributary:

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Sewer System Owner:

Street:

City/State:

Zip:

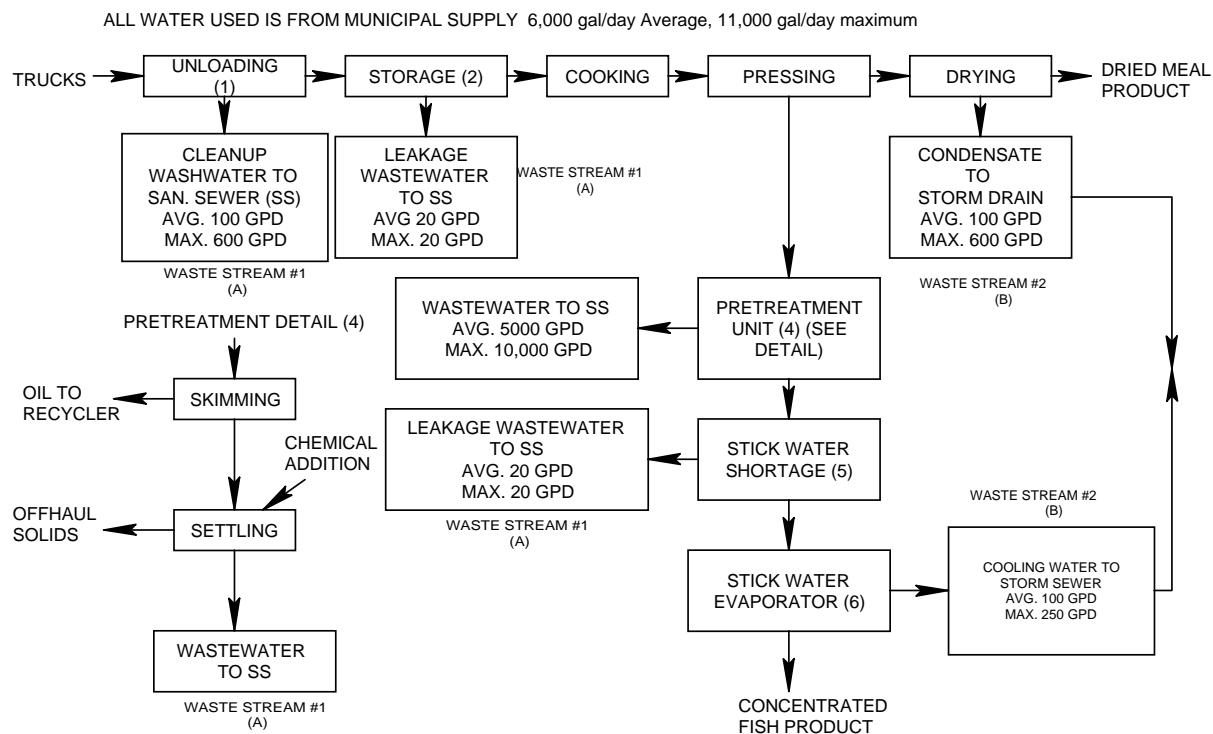
Signature of Sewer System Authority

Date

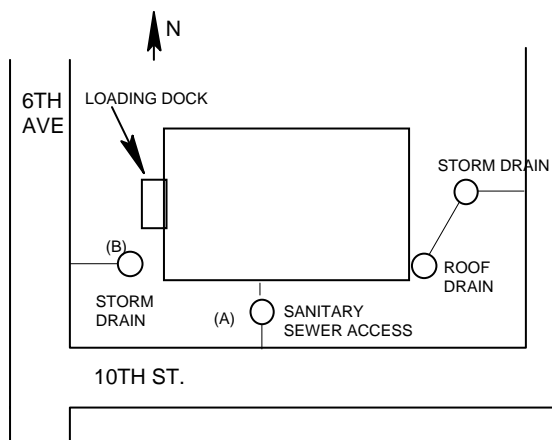
Title

Printed Name

## Example 1 for application section C.2. (SCHEMATIC DIAGRAM)



## Example 2 for application section F1 or H8 (FACILITY SITE MAP)





## DEFINITIONS

### Significant Industrial User (SIU)--

- 1) All industrial users subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; and
- 2) Any other industrial user that: discharges an average of 25,000 gallons per day or more of process wastewater to the POTW (excluding sanitary, noncontact cooling, and boiler blow-down wastewater); contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or is designated as such by the Control Authority on the basis that the industrial user has a reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

Upon finding that the industrial user meeting the criteria in paragraph 2, above, has no reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement, the Control Authority may at any time, on its own initiative or in response to a petition received from an industrial user or POTW, and in accordance with 40 CFR 403.8(f)(6), determine that such industrial user is not a significant industrial user.

**Control Authority** - means the Washington State Department of Ecology in the case of non-delegated POTWs or means the POTW in the case of delegated POTWs.

**Categoric Industrial User (CIU):** An industrial user subject to national categorical pretreatment standards promulgated by EPA (40 CFR 403.6 and 40 CFR parts 405-471).

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### Summary of Attachments That May be Required for This Application:

*(Please check those attachments that are included)*

- ☐ C.1. Production schematic flow diagram and water balance
- ☐ C.4. Wastewater treatment improvements
- ☐ C.7. Additional incidental materials
- ☐ E.5. Additional results of effluent testing
- ☐ F.1. Facility site map
- ☐ H.8. Stormwater drainage map